British Medical Journal.

SATURDAY, NOVEMBER 11TH, 1911.

THE GUILLOTINE AT WORK.

On the sixth, seventh, and eighth allotted days (November 2nd, 7th, and 8th) the House of Commons got through Clauses 34 to 45 of the National Insurance Bill, and the guillotine has been busily at work, with the twofold result that many Government amendments have been passed without any semblance of discussion, others after most inadequate discussion; and that amendments standing in the name of private members have been ruled out of order and altogether withdrawn from the consideration of the House.

On Thursday, November 2nd, the sixth allotted day, the House considered in Committee Clause 34, containing the special provision with respect to married women, and important alterations were made improving their position; Clause 35 containing provision as to aliens was also disposed of. On Tuesday, the seventh allotted day, the time of the House was mainly occupied in considering the application of the bill to the naval and military services and other servants of the Crown. By the operation of the closure Clauses 41 and 42 were passed without discussion, but with certain Government amendments. That to Clause 41 provided that one at least of the Insurance Commissioners should be a duly qualified medical practitioner who had had personal experience of general practice. The Government amendment to Clause 42 provided that the central Advisory Committee shall contain representatives of duly qualified medical practitioners who have had personal experience of general practice as well as of associations of employers and of approved societies. The clause does not contain any provision limiting the number of members of this committee.

On Wednesday the House reached Clause 43, relating to the appointment of local Health Committees and defining their constitution. The discussion began at 4 o'clock, and the House was mainly occupied with a proposal to give the duties of these committees to existing health and sanitary committees of counties or county boroughs; this was negatived, and incidentally the name of these local committees, hitherto called local Health Committees, was changed to local Insurance Committees. Further discussion took place on proposals to allow urban and rural districts to appoint such committees of their own, but the Chancellor of the Exchequer opposed, and the proposals were withdrawn. Sir Philip Magnus made an attempt to limit the size of these local Health or Insurance Committees, moving that they should consist of not less than fifteen or more than thirty members. This was resisted by the Government and rejected on a division by a majority of 151 (193 to 42).

The Chancellor of the Exchequer then carried amendments providing that the minimum number of the representatives of insured persons on the Health Committee should be raised from 9 to 24, and the maximum from 18 to 48, and it was only at 9.30 p.m., with the closure in sight at 10.30 p.m., that the very important subject of the constitution of this committee was reached. He brought up amendments which altered the constitution of the committee, as well as its number, raising the minimum to 40 and the maximum to 80, the number of medical men being not necessarily more than three in any case, only two of whom will be appointed by the profession. Both Sir Robert Finlay and Dr. Addison made vigorous protests against the assumption that the medical profession would accept this constitution of these committees. The latter pointed out that while the profession recognized that the representatives of the insured persons should be in the majority of this committee, which would have the whole of the control of medical benefit, there was no denying the fact that the agreement originally arrived at was that there should be three medical members of a committee the maximum number of which was 22. As the minimum was now increased to 40 and the maximum to 80, it was impossible to say whether the medical profession would be of opinion that their representation was adequate and proper. He could not accept any responsibility for agreeing to the amended form of the clause, and appealed to the Chancellor of the Exchequer to leave the matter open, so that representations might be made to him before the Report stage. To this appeal the Chancellor of the Exchequer made no direct response.

Dr. Addison, we believe, correctly expressed the feeling of all those who are in any way responsible, whether in the House of Commons or outside, for expressing the opinion of the medical profession to the public. The profession, alike in the interests of the public and its own, is solicitous that the local committees now called Insurance Committees shall be so constituted as to ensure that the medical aspects of all the multitudinous and important matters which will come before them shall at their meetings be adequately stated and discussed in the light of medical expert knowledge. As the Attorney-General pointed out, the bill as it now stands throws a much greater amount of responsibility and work upon the Insurance (formerly Health) Committees than in its original form, and he instanced in particular the administration of medical benefits, drawing the conclusion that it was necessary to have a larger number of members, but avoiding what would seem to be the only corollary —that this increase should include an increase in the number of medical members.

The fall of the guillotine before the discussion on Clause 43 had reached its natural conclusion involved also the insertion in the bill, without any discussion at all, of an important new clause constituting Auxiliary Committees. This clause is so curious a specimen of the King's English as it is written by parliamentary draftsmen that it is not easy to know exactly what it means, but it would appear to require local Insurance Committees to prepare, subject to the approval of the Insurance Commissioners, a scheme for the appointment of an auxiliary committee for each borough within the county having a population of not less than 10,000 and for each urban district having a population of 20,000, subject to the power of the county committee to group adjoining areas. The clause specifically provides that such an auxiliary committee shall be appointed for the City of London and for each metropolitan borough. The clause does not contain any provision as to the constitution of these committees, which may apparently contain no medical element.

We must remind not only the Government and the House of Commons, but also the medical profession

itself, that the British Medical Association has not agreed to accept the bill. It has undertaken to point out defects in the bill and to suggest amendments by which they may be removed or minimized. When the House of Commons has finished the Committee stage of the bill, the profession will consider whether the amendments actually introduced meet its views, and what further alterations should be sought on the Report stage. A special meeting of the Council of the Association will be held at the earliest possible date immediately after the conclusion of the Committee stage in the House of Commons, when a report to the Divisions on the position then existing will be settled and at once issued. The exact date of the meeting is subject to the progress of parliamentary business, but it will probably be summoned for November 22nd, in which case the report would be issued to the Divisions on November 23rd, and it will then be for the Divisions to arrange to hold special meetings at short notice, in all probability before November 28th.

When, and if, the bill becomes law—and apparently there is no doubt that it will be passed before Christmas—the profession will have again to consider it in its final form.

MEDICAL INSPECTION OF SCHOOLS.

Elsewhere in this issue is concluded a summary of such parts of the third annual report of the chief medical officer of the Board of Education as lend themselves to such treatment. They are comparatively few, since many of its 300 pages are occupied by carefully balanced considerations of various problems, by quotations from the reports of sundry medical officers showing how they are being dealt with in various parts of the country, and by many tables indicating the crude results obtained from inspection in various selected areas, but not specifically correlating the figures with one another or applying them to the whole country. The whole volume is full of matter of much interest to all those actively engaged in school medical work, and is written as a rule in such a style as to give readers among the general public a very fair inkling of the problems which have to be considered; but the student of school medicine may occasionally wish that the teaching were more dogmatic, and ordinary readers of Blue Books may regret the absence of any chapter setting forth such conclusions as the medical department of the Board of Education has at present definitely reached and such estimates of results as it considers can be based on the work so far performed.

While the absence of such clear summary or statement of conclusions is to be regretted, it is easily comprehensible, for in drawing up each of his reports Sir George Newman has been faced by very exceptional difficulties. Though nominally addressing himself to the President of the Board of Education, he is, really and perforce, addressing at least half a dozen different classes of persons—school medical officers and the medical profession as a whole, lay members of county councils and education committees, ratepayers, parents, and the general public—and the different point of view of each of them must of course receive consideration in an official report. It must be admitted, also, that he is dealing with a subject on which no one at present is entitled in every respect to lay down the law, and is reporting on work which so far has never been fully carried out in any other country, and whose importance and extent have hitherto been thoroughly grasped probably by comparatively few people. This, indeed, is perhaps the deepest impression likely to be left on the mind of those who study carefully this report and its two predecessors. Nominally, the work imposed by the Education Act of 1907 is medical inspection, and medical inspection is truly its cardinal feature, the axis on which everything else depends. Nevertheless, so far as concern the actual amount of work entailed and the expense involved, medical inspection is a comparatively small item, since if any practical outcome whatever is to be obtained from it medical inspection connotes the concentration on the public elementary school child of all health forces and all health machinary now or hereafter available. The references made by Sir George Newman to this aspect of matters are frequent, eloquent, and convincing, and he is attractively clear in his demonstration of the necessity of co-ordinating the various forces and determining the part which each should play.

The report leaves room for little doubt that the introduction of medical inspection has already worked for good in respect of the hygienic morality of the rising generation, and that except in a very limited number of areas it is being or has been well organized, and is working well throughout the country. He is also not unconvincing in what he has to say as to the benefits that will accrue to the nation if the further organization practically entailed by the Education Act is duly evolved, and he makes it clear that among other developments a large proportion of education authorities will shortly find themselves forced to establish systems of treatment. As to what will be the effect of all this on the ratepayer and the medical profession Sir George Newman is silent. Any reader of his report, however, is likely to conclude that the expenditure directly and indirectly entailed will eventually be enormous, and that though Sir George Newman appears anxious to be fair to the general body of the medical profession, the policy adumbrated by him must inevitably prove more or less seriously detrimental to general practitioners. Even if it does not eventually lead to the employment of none but whole-time officers, it will force every one who takes any part in the treatment of public elementary school children into accepting the position of being practically a subordinate of the education authority in his area, and in either case must materially modify family practice as at present conducted. At the same time the reader will hardly be convinced that this policy is the only one possible, or even the best in the circumstances.

THE CLINICAL VALUE OF VON PIRQUET'S REACTION.

The local reaction that follows in many tuberculous patients when their skin is vaccinated with Koch's Old Tuberculin was described by von Pirquet in 1907, and was at first acclaimed as an easy and trustworthy means whereby tuberculosis could be diagnosed. Since that day, however, much work has been done on the subject, and the diagnostic value of von Pirquet's cutaneous reaction has tended to fall steadily in the clinical market. Thus it was soon found that a positive reaction could rarely be obtained in patients with advanced or extensive tuberculous lesions, on the one hand; while, on the other, the great majority of healthy or apparently healthy adults were found to give a positive reaction. Before long it became the fashion to say that the presence

or absence of the reaction was of little diagnostic value in an adult, and that the test was of clinical value only in the case of infants and children. Even with this limitation to its applicability, the test still gave results that could only be regarded as astounding by the clinician. For example, von Pirquet obtained a positive reaction in a quarter of all children aged 1 to 2, a third of all children aged 3 to 4, half the children aged 5 to 6, and in two-thirds of all children aged from 11 to 14. To the clinician, as we have said, such figures are astounding, and, if a positive reaction is to be taken as evidence that the patient is actually suffering from tuberculosis, incredible. But to the pathologist they seem to err by understating the facts; for Hamburger, stimulated by the clinical results furnished by von Pirquet's reaction, made most careful *post-mortem* examinations of children dying between the ages of 11 and 14, and found evidences of tuberculous infection in no less than 77 per cent. of them. Going further, and employing a more delicate form of the cutaneous reaction than von Pirquet's—namely, Escherich's modification of it, whereby the tuberculin is introduced subcutaneously—Hamburger obtained a positive reaction in 94 per cent. of all children aged between 11 and 14 years. Naegeli found evidences of tuberculous infection in 97 per cent. of the bodies of adults coming to the *post-mortem* table, and so the conclusion seems to be that the vast majority of humankind, at any rate in Europe, become infected with tuberculosis years before they grow up.

If, then, practically every healthy adult gives a positive cutaneous reaction to tuberculin, the question naturally arises, Has von Pirquet's reaction any clinical value at all? and the answer to this is, By itself, none whatever excepting in infants. In infants, as Blümel[1] points out, latent or stationary tuberculosis is rare, and up to the age of 2 years a positive reaction is strong presumptive evidence in favour of an active tuberculous lesion. At this age, therefore, it is of great utility in differentiating tuberculosis from other chronic wasting conditions, such as marasmus, bronchitis, posterior basic meningitis, and so forth. In older children there is a great danger, however, lest a positive von Pirquet's reaction, taken in conjunction with slight dullness to percussion or slight abnormalities in the breath sounds at the apices of the lungs, should be held to be conclusive evidence of pulmonary tuberculosis. Such signs, definite enough in themselves though uncertain in their interpretation, are common in school children with ill-developed chests, deficient muscular development, or obstructions in their upper air passages. Now that the school doctor is abroad in the land, the temptation to label as tuberculous children with these signs of pulmonary collapse has often been found irresistible, particularly when a positive von Pirquet's reaction has appeared to confirm the diagnosis of "active mischief in the lungs." But how far it is from confirming any diagnosis excepting this, that the patient has at some time been infected with tubercle bacilli, will be at once obvious when it is remembered that two-thirds of all school children aged from 11 to 14 years give a positive reaction, though only a small fraction of these are actually suffering from tuberculosis. In other words, von Pirquet's reaction alone does not enable us to distinguish between active and latent tuberculous lesions; but taken in conjunction with the physical signs and the course of any given case, it may be of great service in diagnosis, and particularly so when it gives a negative result. It is true that there are certain conditions in which a tuberculous patient often fails to give a positive reaction, excluding for a moment advanced or cachectic cases; during an attack of measles, scarlet fever, enteric, or erysipelas, for example, particularly during the period of the rash; during pregnancy, especially after the sixth month; during a course of tuberculin treatment; and finally in a certain percentage of patients with latent or inactive tuberculosis the reaction is, for some cause or another, negative, even when the more delicate modifications of von Pirquet's reaction are employed. In most of these conditions the practitioner would hardly be likely to apply the test, and it is only in a few of them, particularly in patients with latent tuberculosis in their lungs or lymphatic glands, that a negative result could mislead him. And even here his error would not be great, if he remembered that the negative reaction only proves that tuberculosis is either absent or latent, and that in the vast majority of his patients there does exist a tuberculous focus that may be called latent, inactive, quiescent, healed, or obsolete, according as his fancy dictates.

[1] Blümel, *Berliner Klinik*, 1911, Heft 279.

GENERAL MEDICAL COUNCIL ELECTION.

WE may call attention to the letter published at page 1331 from the Acting Registrar of the General Medical Council, pointing out that a voting paper was posted on November 7th to every registered medical practitioner with a registered address in England or Wales, and inviting any practitioner who had not received a voting paper, whether he wishes to take part in the election or not, at once to communicate with the office of the Council at 299, Oxford Street, London, W. We again venture to express the hope that there will be on this occasion very few practitioners who abstain from taking part in the election. It is clearly most important that on this occasion at least the profession should not give any ground for an accusation of apathy. The voting papers must be returned on or before November 15th.

OUT-PATIENT DEPARTMENTS AND PROVIDENT DISPENSARIES.[1]

THE Charity Organization Society prints in pamphlet form a valuable report of inquiries made by District Committees in the year 1910. Dealing only with out-patient treatment, the committees express the opinion that existing facilities in London are quite adequate, and indeed in some parts more than adequate, as it is usual for the poor to go the round of hospitals, dispensaries, medical missions, Poor Law guardians, and often to receive medicine from several sources at once. Only in one respect are the facilities inadequate—that is, for the treatment of consumption. There is said to be very little hospital abuse in Poplar and West Ham, but numerous cases are brought to light by the almoners in Stepney, Greenwich, Newington, Chelsea, and St. James's, Soho. In the last-named districts there are no provident dispensaries, but there are nine general hospitals, twelve special hospitals, three free dispensaries, and the London Medical Mission. One boy was found to be getting medicine from seven places at once. The District Committees are unanimous in saying that the growth of provident dispensaries is prevented by the free treatment at hospitals, free dispensaries, medical missions, and slate clubs. The Poplar Committee says that the contribution of 3d. made by out-patients in the London Hospital is regarded as equivalent to a subscription to a provident dispensary or a payment to a doctor, and the payment made at the out-patient department at Guy's has a similar mischievous effect. The tendency, it is stated, is for the

[1] Outdoor Medical Treatment of the Poor: Some Points from the Evidence of District Committees. April, 1911. Printed for the Charity Organization Society.

provident dispensaries to flourish where there are no hospitals within easy reach. Overlapping between hospitals and Poor Law infirmaries is not common, though many patients alternate between one and the other. The Greenwich Committee draws attention to the anomaly that a hospital patient is not asked to contribute towards the cost of his treatment, whereas an infirmary patient is always liable to be charged. For instance, a patient who had been in the Seamen's Hospital for a long time, on being removed to the infirmary was found to have a bank account of over £100, and though the hospital could take nothing, the guardians made sure of their payment. Men receiving payment under the Workmen's Compensation Act are taken into hospital free of charge if their outward respectability is sufficient, but otherwise are received in the infirmary and, though probably poorer, are compelled to pay. The "letter" system is unanimously condemned and many cases of abuse are quoted. At most of the general hospitals "letters" are not required, but at the consumption hospitals and other special hospitals the system still obtains. Much evidence was found of abuse in connexion with out patients' "letters" for the lying-in hospitals. Two of the committees notice that the "letter" evil has reached such a pitch that a traffic has been established in the letters, which are collected and sold for 1s. each. All the committees are unanimous as to the value of the almoners' work, not only in preventing abuses, but in the advice as to the hygiene they are able to give and the assistance in the provision of surgical appliances and in obtaining sanatorium and convalescent treatment. Some useful suggestions for reform are made; for example, to prevent overcrowding and the long hours that patients have to wait, which is especially hard on the decent poor and on mothers who really care for their homes, it is suggested that there should be a more complete classification of patients on arrival, and a rearrangement of the hours. In many hospitals the "casualty department" has lost its meaning, and is now a place where all out-patients who do not care to go to the out-patient department are seen. It is therefore recommended that all almoners should see the casualty patients. To prevent patients wandering about from one hospital to another, a complete system of registration is recommended, which would involve a central clearing-house, to which lists of patients might be sent. The most important suggestion is that the out-patient department should be made only a place for consultation, and that patients who could be treated by their own doctors or at provident dispensaries should not be encouraged at the hospitals. This, it is said, would involve the establishment of a large number of provident dispensaries, and it is recommended that in the meantime the attendance at the out-patient departments should be limited, the abuse of the casualty department dealt with, and preference given to patients who bring notes or cards from their own doctors.

THE ELLIOTSON LEGEND.

IT is an old story in the evolution of medicine that pioneers have been neglected and even persecuted. We ourselves have frankly recorded many instances of this. But the fact that a man's claims to have discovered something new are not immediately accepted by the profession does not of itself prove that he is either a true prophet or that he is persecuted. Most of the neglected pioneers have, like Disraeli, felt that the time would come when the profession would hear them, and it has done so. Many legends of persecution fade into nothingness on critical examination. Among these must be classed that of Elliotson, as to whom a champion of bonesetting made in the *English Review* for November, 1910, the absurd statement that his "use of the stethoscope called forth the rage of the protected Society as a body [the medical profession]"! Dr. Forbes Winslow, who recently was good enough to give us his views on the subject in a letter, is somewhat better informed, but even he seems to believe in the legend, for he says that "Dr. Elliotson was professionally ruined for his endeavours to get a recognition of psychotherapeutics in England." It may be well, therefore, to state the facts of the case in the light of contemporary evidence. The story is told in detail by Fernandez Clarke in his *Autobiographical Recollections of the Medical Profession*. Clarke was for many years on the staff of the *Lancet*, and a personal friend of Elliotson. He remained firmly convinced of the physician's good faith, though he admits that he allowed himself to be made the victim of imposture. Elliotson was a man in whom the "will to believe" was strong. A Frenchman named Dupotet, who professed to cure epilepsy and other nervous disorders by mesmerism, was allowed to try his treatment in University College Hospital. Elliotson was carried away by enthusiasm, and hysterical patients flocked to the hospital. Among them were two sisters named O'Key, one of whom had taken a leading part in the business—to use the actor's phrase—of the "unknown tongues" which shortly before had caused a sensation in Edward Irving's chapel. She had all the qualifications of an exceptionally gifted medium and exhibited the phenomena of hypnotic suggestion, transferred vision, clairvoyance, telepathy—in short, *tout le tremblement*—described not long ago by a public performer in the same style as the "showman's privilege." Elliotson used these supposed gifts as aids in the treatment and prognosis of disease. The girls professed to know when a death was impending by the presence of "Great Jacky" on the patient's bed. This naturally caused an unwholesome excitement among the patients and also among some of the students. We have heard, though we have failed to find any mention of the fact either in Clarke's book or the *Life of Wakley* by Dr. Squire Sprigge, that this particular imposture was exposed by a house-physician, who, after one of the girls had seen "Jacky," substituted a healthy nurse, fully clothed, for the patient in what may be called the condemned bed. Wakley tested the honesty of the girls by experiments made in the presence of Elliotson. One of them was said to fall into convulsions on being touched by a piece of nickel, no effect being produced by lead. Discs of the two metals "charged with magnetism" were given by Elliotson to Wakley. Wakley gave the nickel, unperceived by Elliotson, to Clarke, who put it in his pocket and walked to the other end of the room, where he remained during the experiment. Wakley, now having nothing but the lead in his possession, bent forward and touched the girl's right hand. As he did so a bystander by arrangement whispered audibly, "Take care that you do not apply the nickel too strongly." Immediately the medium fell into strong convulsions, much to the gratification of Elliotson, who said that "No metal but nickel had ever produced these effects." Wakley replied that no nickel had been used, and upon Dr. Elliotson's indignant protest Clarke came forward and explained the trick that had been played, producing the nickel from his pocket. Notwithstanding this decisive test, Elliotson insisted that in some unexplained way "the power of nickel had been present." The experiments were consequently continued, but only served to make the imposture more palpable. Wakley denounced the whole thing as a pitiable delusion. The authorities of University College intervened, and a resolution was passed that the practice of "animal magnetism" in the hospital should be stopped. Elliotson therefore resigned his position on the staff. He gradually lost his practice, though, according to Clarke, he retained for some years a respectable position as a consultant. This is the true story. Elliotson, who was the original of Dr. Goodenough in Thackeray's *Philip*, was an honest man who had done good scientific work, and was recognized as a first-rate teacher. But in kindness to his memory his "endeavours to get a recognition of psychotherapeutics in England" should be forgotten. It is a

pity that having been led astray into such a morass of imposture he did not, as Charcot did long afterwards, determine to have nothing more to do with the unclean thing.

GUARDIANS AND POOR LAW REFORM.

A MEMORIAL, signed by over 120 guardians and ex-guardians of the poor, has just been presented to the President of the Local Government Board, dealing with the reforms required in Poor Law administration. The memorial admits that reforms are urgent, but denies that the change in areas and the destruction of existing authorities advocated in the reports of the Poor Law Commission are necessary. It is claimed that the real mischief is due not to any defect in the constitution of boards of guardians, but to the confusion in the public mind as to the scope and object and fundamental principles of the Poor Law. For instance, there are wide differences of opinion as to the nature of the control to be exercised by a central authority, as to the co-ordination of the Poor Law with charity or with the public health service, and as to the lines of settlement between the advocates of outdoor and indoor relief. In view of these disputes, it is urged that questions of principle should take precedence of questions of machinery, and that to overthrow the guardians would be a grave error until the principles are settled, as the public might be committed to revolutionary changes of policy under the cover of a mere change of machinery. It is further urged that attention should first of all be given to three points of primary importance—the question of out-relief, the question of mixed workhouses, and the codification of the vast mass of statutes and orders by which guardians are bewildered rather than controlled. If these matters were first successfully dealt with, and other questions of principle settled, the memorialists claim that the guardians are as competent to apply them as any alternative authority that could be proposed, while the advantages that are claimed for larger areas could be secured by the co-operation or combination of existing unions, without incurring the grave risks which would attend the break up of existing machinery. It cannot be said that the memorial meets the objections raised by the Poor Law Commission against boards of guardians, and the statement that if the principles were settled the present boards could carry them out as well as any other authority, begs the whole question. A good point is made when it is urged that the correct order of procedure would be first to establish the scope and principles of the Poor Law before abolishing the guardians. At the same time, even if it were merely a question of consolidating and regulating the present principles of the Poor Law, it might still be urged that the present boards stand in need of radical reform. But the question at issue is far wider than that. The memorialists seem hardly to have realized that the changes in the scope, objects, methods, and principles of public assistance recommended by the Majority and Minority Reports are so far-reaching and so fundamental that the whole character of any body that is to administer the new public assistance must be very different from that of existing boards of guardians; and the statement that the present boards could administer the new public assistance as well as any other authority is no more than an *obiter dictum*; the presumption is distinctly to the contrary.

NAPRAPATHY.

MALEBRANCHE saw everything in God—except, as some unkindly critic is recorded to have said—the fact that his system of philosophy was a vain thing. In medicine, as we all know, there are practitioners who are under the tyranny of dominant ideas. Thus some see the root of all disease in the nerves, others in the stomach, others in the nose, others again in the generative organs. The osteopaths see it in displacements of bones. Now there has arisen—need it be said in America?—a system which lays the blame for every disorder of the human body on the ligaments. The founder has given his system the name "Naprapathy," a word which he is good enough to tell us how to pronounce. "Think of Napoleon, then say na-prap'a-thy and you have the pronunciation." Hamlet says:

> Imperious Caesar, dead, and turn'd to clay
> Might stop a hole to keep the wind away.

In this at least he would be serving a useful purpose. But to link the name of Napoleon with a system so particularly foolish is a worse degradation. The founder of the system is said to be one Oakley Smith, who calls himself Doctor of Naprapathy. We presume the degree, like the system, is of his own invention. Of course he professes to have discovered how "to heal any sickness which has known no cure by other methods." Being philanthropically anxious to propagate his new gospel, he has founded a College of Naprapathy, which has its local habitation in that city of light, Chicago, and called it by his own name. For the wider dissemination of his teaching he has started a journal. If one should ask how it is that mankind has been so long sitting in darkness and the shadow of death for lack of knowledge of the true system of healing, the Doctor of Naprapathy has his answer ready: "Why it was that the geographers of Europe held that the earth was flat; why it was that the astronomers held that the sun moved about the earth; why it was that scientists ridiculed the idea of wireless telegraphy, I do not know. Neither can I explain why it is that the medical profession still teaches that disease is in the organ when in reality it is in the ligament." The Doctor of Naprapathy may, however, find comfort in the knowledge that it has been left for him to reveal this precious truth to man. He boasts that "there is nothing abroad to compare with our Naprapathy." But now that a star has risen in the West it is to be hoped that it will send its rays—shining like a good deed in a naughty world—far enough to enable us to see the whole secret of disease, which has been sought in so many parts of our structure in vain, lying before our unobservant eyes in the humble necessary ligament.

SUPERNUMERARY OVARIES.

THE presence and signification of ovarian tissue separate from the anatomical ovary involve questions of clinical and surgical importance. Pregnancy has occurred in patients after the removal of both ovaries, but ovarian tissue was in such cases most probably included in the stumps of the pedicles, and the remnants of the Fallopian tubes managed to free themselves from the ligatures, as has happened after "sterilizing ligation" of the tubes in Caesarean section. But patients who have been subjected to supravaginal hysterectomy with simultaneous removal of the ovaries and tubes have continued to menstruate although not a trace of the ovaries, as anatomically understood, could have been left behind. This phenomenon is easily explained when we remember that supernumerary ovaries have repeatedly been detected by anatomists. Rieffel makes out that they exist in 4 per cent. of all female subjects, but that only signifies that a certain number have been discovered, and makes no allowance for what may have been overlooked. Authorities who specially study the female organs admit that the supernumerary ovary has been found in unexpected situations, and anatomists do not always subject to the test of the microscope abnormal solid bodies observed in the neighbourhood of the genital tract. As in the case of hermaphroditism, the microscope alone can assure us that such bodies are made up of the histological elements of the genital gland. Mauclaire and Madame Eisenberg-Paperin,[1] and, more recently still, Mériel of Toulouse,[2] have published important communications on the subject during the past summer. The former writers add to their paper abstracts of cases already

[1] *Archives gén. de chirurgie*, July, 1911.
[2] *Paris médical*, October 14th, p. 459.

published. Mériel puts aside the double ovary, a type of anomaly which includes the variety where a piece of ovary lies in the ovarian ligament, and is therefore left behind in the pedicle after ovariotomy. Hence the probable explanation of pregnancy after removal of both ovaries. M. Mériel devotes his attention to the supernumerary ovary, properly so called. It has been detected in subjects of every age, but most frequently in the bodies of children. It may lie in the folds of the broad ligament, in the ureter, under the peritoneum, and in the pelvic peritoneal pouches. It may form connexions with the great omentum, bladder, caecum, colon, or anterior abdominal wall, being in that case seated on the outer surface of the parietal peritoneum. These latter situations imply secondary displacements, the more usual positions corresponding to the line of descent of the ovary in the course of its embryological development. It is seldom much larger than a millet seed, but may be as big as a cherry. Its origin is apparently pathological. Later, in fetal life, bisection of the well developed ovary by peritoneal bands or by torsion has been repeatedly observed, and thus the "double" ovary is evolved. The pedicle, however, shows cicatricial tissue never seen in the supernumerary ovary lying away from the ovary proper. Yet it would appear that the supernumerary ovary was also formerly a part of the main ovary, and was severed from it before the latter had reached its permanent site, leaving the fragment behind it. As in the later bisections of the ovary, it is fetal peritonitis that brings about this separation of a fragment of ovarian tissue to form a supernumerary ovary. Thumin traced these pathological changes in a single subject very precisely. There can be little doubt, then, now we can take for granted that supernumerary ovaries are not so very rare, that they account for menstruation persisting after the complete removal of both anatomical ovaries. They also account for the abnormal attachments and connexions of many pelvic tumours. About thirty cases of cysts, dermoids, and solid growths developed in supernumerary ovaries have been reported. The great liability of detached tissue, accessory thyroids, and adrenals, for instance, to become the seat of new growths has been noted by more than one pathologist, and supernumerary ovaries are subject to this rule.

SICK POLICEMEN.

IT is to the credit of the police force that its domestic affairs usually escape public notice. The public is well aware that constables are often injured in street fights and by accidents, but sickness of an ordinary kind is certainly foreign to the public's conception of the stalwart men in blue. Such dissociation of ideas is natural and possibly has some foundation in actual fact, since policemen as a class, thanks to the comparative youth of a large proportion of them, their careful selection, and the abstemious lives they necessarily lead, are probably less prone to minor ailments than most men. Still, constables at times fall victims not only to injuries, but to minor ills of the flesh, and in such circumstances require precisely the same kind of treatment as other men. This fact is the origin apparently of a letter on the subject which has recently appeared in the *Police Review and Parade Gossip*; its writer is a lady who has devoted her spare time for many years to visiting sick policemen, and is, we believe, the wife of a medical man at Hampstead. She rightly points out that a comparatively trifling disorder may easily become grave if circumstances prevent its receiving adequate attention. Such attention, she suggests, is at present impossible, because when a policeman is put upon the sick list he remains—unless already so ill as to be sent forthwith to a public hospital—in his ordinary quarters at the section house, or at his own home if he has one. Hence, unless he happens to be a married man, or to have sisters or other relatives to look after him, he is not only very uncomfortable when unwell, but is in a bad position to shake off what might otherwise be a trifling malady. The writer, therefore, urges the provision of a special hospital to which all constables could go forthwith, whatever the degree of their illness, as soon as put on the sick list by their divisional surgeon. There is no doubt a good deal of merit in the suggestion, but at the same time there are clearly many difficulties in the way of its realization. Apart from other objection, it might often be neither desirable nor easy to allow all men more or less unfit for immediate duty owing to some probably passing cause to repair at will to such an institution. Still there must be a good many men who, though not sufficiently ill to obtain admission to an ordinary public hospital, are known to be likely to benefit by a certain degree of nursing and dieting, and a middle course would be to provide two or three special section houses in London where what the men require could be more easily provided than in ordinary section houses. It is to be noted that some of the newer section houses are already provided not exactly with sick bays, but with rooms for the use of men who have been put temporarily off duty under medical advice. A further suggestion of the writer is that at the hospital whose establishment she advocates there should be provided one or more special wards to serve as a permanent home for men discharged from the service owing to physical incapacity acquired in and through the public service. In this connexion she quotes several instances of such men having to end their days in workhouse infirmaries.

SIR HENRY BUTLIN, finding the strain of his duties as President of the Royal College of Surgeons of England too great, has resigned that office, and the Council, on November 9th, elected Mr. Rickman J. Godlee, Surgeon to University College Hospital, in his place.

WE regret to announce the death of Sir Samuel Wilks, F.R.S., Past President of the Royal College of Physicians of London and Consulting Physician to Guy's Hospital, which occurred on the evening of Tuesday, November 7th. Sir Samuel Wilks, who was in his 87th year, has for many years lived in retirement at Hampstead. We hope to publish a full obituary in a later issue.

THE first of the lectures to be delivered under the provisions of the Sir John Struthers Lectureship, before the Royal College of Surgeons of Edinburgh, will be given on Friday next, at 4.30 p.m., by Dr. Arthur Keith, Conservator of the Museum of the Royal College of Surgeons of England. The subject of the lecture will be anatomy in Scotland during the life and times of Sir John Struthers. Medical practitioners and students are cordially invited to attend.

DR. F. W. MOTT will introduce a discussion on The Differential Diagnosis of Syphilis and Parasyphilis of the Nervous System at a meeting of the Medical Society of London on Monday next, at 8.30 p.m. The following have expressed an intention to take part in the discussion: Sir David Ferrier, F.R.S., Sir Victor Horsley, F.R.S., Dr. G. H. Savage, Dr. Risien Russell, Dr. T. B. Hyslop, Major French, R.A.M.C., Dr. Wilfred Harris, Dr. Farquhar Buzzard, and Mr. Alexander Fleming. The discussion will be continued on Monday, November 20th, at 8.30 p.m.

AT the anniversary meeting of the Royal Society, to be held on November 30th, Sir Archibald Geikie, K.C.B., will be proposed for re-election as President, and Sir Joseph Larmor, D.Sc., and Sir John Rose Bradford, M.D., as secretaries. Among those to be then proposed as members of the council is Sir Ronald Ross. It is announced that the King has signified his approval of the proposed awards of the two Royal medals, one of which is to be given to Dr. W. M. Bayliss, F.R.S., of University College, London, for his researches in physiology.